

NOTICE OF FORM CHANGE NO. 04-090

DATE

03/05/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 9142A (12/03) - Roster Of Participants - For Vendor Use Only

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 12/03	REPLACES 12/01	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 12/03

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

FORM IS A MASTER ONLY

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

ROSTER OF PARTICIPANTS—FOR VENDOR USE ONLY—35/40 HOUR INITIAL OR CEU COURSES

ADMINISTRATOR CERTIFICATION PROGRAM

- Provide the information requested below for all participants who have **completed** the required hours of classroom instruction.
- Mail a copy of this roster within **7 days** of course completion to the Administrator Certification Section at:
744 "P" Street, M.S. 19-47, Sacramento, CA 95814
- Please submit a **separate** roster for each course/program type.

(1) Course Program Type (Check one box):

- | | | |
|---|--|---|
| <input type="checkbox"/> RCFE Initial 40-Hour Course | <input type="checkbox"/> ARF Initial 35-Hour Course | <input type="checkbox"/> GH Initial 40-Hour Course |
| <input type="checkbox"/> RCFE CEU | <input type="checkbox"/> ARF CEU | <input type="checkbox"/> GH CEU |

(2) Vendor Name	(Instructor(s) Name	(3) Vendor #
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(5) Course Name	Location of Course	(6) CEU Count
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Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Facility Name or Facility Address
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Address	City	Zip Code	Phone Number
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Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Facility Name or Facility Address
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Address	City	Zip Code	Phone Number
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Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Facility Name or Facility Address
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Address	City	Zip Code	Phone Number
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Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Facility Name or Facility Address
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Address	City	Zip Code	Phone Number
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Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Facility Name or Facility Address
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Address	City	Zip Code	Phone Number
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(7) Name of Authorized Representative (Print)	(8) Title of Authorized Representative	(9) Signature of Authorized Representative
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